

# 2009 CBT/OTEP 445 Head/Spine and Chest

EMERGENCY MEDICAL SERVICES (10/20) MH

# SKILLS CHECKLIST FOR RECERTIFICATION

CBT/OTEP 445 Head/Spine Injuries Student Name

<b>NAME</b>	<small>PRINT STUDENT'S NAME</small>	<b>ID #</b>		<b>DATE</b>
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**Objective:** Given a partner, proper equipment and a patient with a head/spine injury, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 445 and EMT Patient Care Guidelines.

### SCENE SIZE-UP (must verbalize)

- BSI   
  Scene Safety   
  Determines MOI/NOI   
  Number of Patients   
  Additional Resources

### INITIAL ASSESSMENT (must verbalize)

- |  |                                  |                                    |                                      |   |                                   |
|--|----------------------------------|------------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Mental Status   | <input type="checkbox"/> Airway  | <input type="checkbox"/> Breathing | <input type="checkbox"/> Circulation | <input type="checkbox"/> Obvious Trauma | <input type="checkbox"/> SICK     |
| <input type="checkbox"/> Chief complaint | <input type="checkbox"/> C-spine |                                    | <input type="checkbox"/> Bleeding    | <input type="checkbox"/> Body Position  | <input type="checkbox"/> NOT SICK |

### SUBJECTIVE (FOCUSED HISTORY)

- Establishes rapport with patient (reassures and calms) and obtains **consent to treat** (implied/actual)
- Determines patient's **chief complaint**
- Follows **SAMPLE** and **OPQRST** investigation (if possible)
- Obtains names/dosages of current **medications** (if possible)

### OBJECTIVE (PHYSICAL EXAM)

- Records and documents **baseline vital signs**
- Performs appropriate **medical / trauma exam** - exposes/checks for bleeding and/or injuries
- Notes/records any **neurologic deficits**
- Obtains second set of vital signs and compares to baseline

### ASSESSMENT (IMPRESSION)

- Verbalizes **impression**
- Determines if **ALS is needed** — states rationale \_\_\_\_\_

### PLAN (TREATMENT)

#### GENERAL CARE (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Indicates need for <b>ALS and/or immediate transport</b> (SICK)             | <input type="checkbox"/> Performs proper <b>spinal immobilization</b> |
| <input type="checkbox"/> Immediately <b>stabilizes</b> the head in a <b>neutral in-line</b> position | <input type="checkbox"/> Initiates steps to prevent heat loss         |
| <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> (as indicated)   | <input type="checkbox"/> <b>Monitors</b> patient vital signs          |
| <input type="checkbox"/> Applies proper <b>dressings and/or bandage</b> to wound (as indicated)      | <input type="checkbox"/> Considers <b>Index of Suspicion</b>          |
| <input type="checkbox"/> Properly <b>positions patient</b>   | <input type="checkbox"/> Performs ongoing assessment                  |
|  | <input type="checkbox"/> Glucometry performed                         |
|  | <input type="checkbox"/> Oximetry performed                           |

#### CRITICAL (FAIL) CRITERIA

##### DID NOT...

- Proper use of **BSI**
- Appropriately provide/manage airway, breathing, bleeding control, treatment of shock
- Administer appropriate rate and delivery of **oxygen** (if indicated)
- Indicates need for **ALS and/or immediate transport** (SICK)

### COMMUNICATION AND DOCUMENTATION

- Delivers timely and effective **short report** (if indicated)
- Completes SOAP narrative portion of incident response form

### MEETS STANDARDS (RECERT)

- YES     NO  
**2<sup>nd</sup> ATTEMPT**  
 YES     NO

EVALUATOR SIGN YOUR NAME

ID #

IF NO EXPLAIN

Recert Yes No Date Written Score (online)

